

Amphetamine use and sexual practices

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ABSTRACT

AIM – This article examines how men and women who have left problematic drug use describe their own previous use of amphetamine in the context of sexual activity as well as the views in the drug-using environments on amphetamine and sex. **METHODS** – The article builds on a qualitative study of sexuality, intimate relationships and drug use against the backdrop of the exit process from drug abuse. The 35 interviewees comprise a heterogeneous group in terms of both drug abuse history and life circumstances in general. **RESULTS** – In the sexual practices of our informants, amphetamine has been used to increase sexual desire and to enhance sexual experience. Initially, the drug appears to facilitate pornography inspired sexual experimentation, which is experienced as something positive, but gradually this is for many transformed into sexual practices that are seen as practically manic, with marathon sex being an important component. Among men, sometimes the sexual interest is channeled into an intense masturbating, as a substitute for a sexual partner or in order not to disturb the amphetamine experience by involving a live partner. Once amphetamine use starts to lead to problematic effects on social life and mental and physical health, desire becomes increasingly difficult to maintain. Although amphetamine is associated with sex in the amphetamine environment there is also room for toning down sexual activity and instead use the total focus of the high for crime (breaking) or other practical activities such as repairs or housecleaning (tinkering). **CONCLUSION** – Our study shows that amphetamine has a reputation for enhancing sexual experience, which has increased its powers of attraction for both men and women. The impact of amphetamine on sexuality is influenced by personal experiences and culturally determined expectations. Even when one manipulates the sexual act with amphetamine the strong individuality that characterizes human sexuality in general remains. The total experience of mixing amphetamine and sex, which for most is changing in a negative direction over time, appears to be a result of the interaction between the drug, the social and relational setting and the sexual script of the individual.

KEYWORDS – amphetamine, substance abuse, sexual behaviour, sexual script, gender

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This article examines the relationship between amphetamine use and sexual practices. Its aim is to deepen our understanding of why people choose to use amphetamine. The focus is thus on users' experi-

ences of how amphetamine affects sexual desire and pleasure rather than on the risky behaviours that can occur when amphetamine and sexual practices are combined. The article is based on interviews with 19

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men and 16 women aged between 21 and 63 with a history of problematic drug use who have since become drug-free.

Introduction

Amphetamine, a stimulant acting on the central nervous system, was introduced to Sweden in the late 1930s. It rapidly gained popularity as a weight-loss aid and in combating fatigue, but consumption dropped to a marginal level after the drug was classified as a controlled substance in 1944 (Goldberg, 1968)¹. Amphetamine reappeared in the early 1950s, first among artists and then among criminals in the big cities. It spread all over Sweden in the 1960s and has since been the second most popular drug after cannabis (FHI, 2012). Recent national statistics on amphetamine use are lacking, but if we applied the figure of 39% from a recent case-finding study in Gothenburg to the total number of problematic drug users of 29,500, we would arrive at 11,500 amphetamine users (Anderberg, Dahlberg, & Patriksson, 2012; FHI, 2012). These figures exclude recreational and experimental use, which is likely to be much more prevalent, but the scope is not known.²

International research has produced several studies which show that amphetamine has sexually stimulating properties increasing both sexual activity and risk-taking, such as unprotected intercourse and multiple sexual partners (for an overview, see Ross & Williams, 2001; Rawson, Washton, Domier, & Relber, 2002; Semple, Patterson, & Grant, 2004). This research is problem-oriented, focusing on, for example, how amphetamine use affects sexual disease transmission (Leigh, 1990; Käll, 1995; Mccoy et al., 1996; Friedman,

Maten-Gelalert, & Sundoval, 2011), while studies grounded in subjective experiences of how amphetamine is used in order to magnify sexual pleasure are rare. One exception is an American mixed-methods study where the qualitative part consisted of 35 interviews with women who had used amphetamine in the previous month. The authors conclude that amphetamine use brought increased desire, pleasure and release of inhibitions in the context of sexual activity (Lorvick et al., 2012). The Lawless, sociologist Johnny Kalderstam's 1979 insider account of the amphetamine culture, summarises the effects of amphetamine on sexuality thus:

These effects can be described as that while increased perceptual sensitivity arises, simultaneously sexual fantasies occur in combination with purely genital changes. Erotic signals – sight, hearing, and smell – are extremely magnified and the sexual objects in the environment become more desirable. Foreplay and intercourse are lengthened manyfold while time is perceived as passing more slowly. These sexual effects also often constitute the reason for initial use for many members of the subculture (especially females) and continue to play a significant role in ongoing drug use. (Kalderstam, 1979, p. 65)

Medical researcher Kerstin Käll shows in her meticulous interview study of 200 incarcerated persons (54 of whom were women) in Stockholm that amphetamine played an important part in the context of intercourse, especially for men. Intercourse lasts longer and is more intense. It takes longer to ejaculate, while orgasms

are more intense. But although there are general trends in the interview responses, there are also opposing voices as to how amphetamine affects sexual experience. Sexual experiences are not the same for everyone, and these differences persist when amphetamine is added (Käll, 1995).

Aim and research questions

This article explores how men and women who have left problematic drug use describe views of amphetamine and sex in drug-using environments as well as their own previous use of amphetamine in the context of sexual activity. The following research questions are highlighted:

1. How do respondents describe talk and perceptions in the world of amphetamine about the relationship between sex and amphetamine?
2. How do respondents describe their own experiences using amphetamine in the context of sexual activity?
3. How is the sexual interaction described with a partner during amphetamine use?
4. How is pornography used in the context of sex under the influence of amphetamine?
5. What are the similarities and differences between men's and women's experiences of sexual activity under the influence of amphetamine?

Theoretical framework

The analysis has primarily been guided by terminology and thoughts in the theoretical tradition of interactionism. The point of departure is that both sexual activity and drug use gain their meaning within and through a social context.

In this understanding, the amphetamine environment or the *amphetamine world* is a *social world*, as Tamotsu Shibutani (1955) defines it. In any world, values and behavioural norms are constructed. Within the social world, we share a common perspective on life. Shibutani argues that people develop an *organizing perspective* in their relations with individuals from the social worlds within which they move. This occurs through *reference groups* of people who are seen as significant. This perspective constitutes a matrix that is used in decision-making and also in how one handles and experiences drugs and sex.

Norman Zinberg's concepts *drug*, *set* and *setting* are useful for understanding how intoxicants affect people's consciousness (Zinberg, 1984). The experienced effects can, according to Zinberg's theory, be related to the user's personality, motives, expectations, previous experience with the drug and state of mind at the time of intoxication (*Set*). The situation and social context of the individual are similarly significant, as are the rituals and social sanctions with which these are associated (*Setting*). Other factors involve how ongoing and intensive the use of the drug is, and the drug's pharmacological effects (*Drug*). With both alcohol and drug use, there is a difference between sexual effects at the time of acute intoxication and within the context of ongoing, "chronic" use. The positive effects are primarily associated with the acute state of intoxication, whereas chronic abuse reduces both sexual interest and performance (Peugh & Belenko, 2001). As we attempt to understand the combined experience of a drug and a sexual activity, there is the additional dimension of a relation to a *partner*. The to-

tal experience results from the interaction of individual, substance, environment and sexual partner.

In order to understand *sexual action* in the amphetamine environment more specifically, we use the theory of sexual scripts. John H. Gagnon and William Simon (2004) use scripts as a metaphor to analyse the content of sexuality and to describe how the choice of sexual behaviour comes about in social life. The scripts, which exist on different interacting levels, can be seen as a form of socially and culturally constructed manuscripts for sexual actions that help us manoeuvre sexual situations and that affect when, where, how, with whom and why people have sex. The *cultural, collective scripts* affect societally dominant values for sexuality, and the *external, interpersonal* scripts organise relations between people. The *internal, intrapsychological* scripts contain the individual's subjective motives for having sex, such as what is experienced as sexually pleasurable. These sexual scripts are not static, but change over time and vary according to context.

One important question is how sexual scripts relate to gender. In the amphetamine world there exists, as in society in general, a gendered order in which different rules of engagement apply to women and men (Connell, 1995). Connell distinguishes multiple forms of masculinities and femininities, which are actively constructed in relation to each other within a hierarchical order of power. The dominant position in the current gender order of our society, *hegemonic masculinity*, is built on an ideation of what are considered culturally desirable masculine traits, and exercises dominance not only over women but

also over other men. By the same token, there is a conventional "ideal femininity", known as *emphasised femininity*, which acts to undergird hegemonic masculinity. This gender structure, according to Connell, also contains an emotional aspect by, for example, providing different norms for how men and women are expected to express sexual desire.

These different theoretical angles help us to understand experiences when people use amphetamine in the context of sexual activity and sexual practices in various social situations. The internal, intrapsychological sexual scripts provide thought patterns that affect the "set", while the external, interpersonal scripts provide a framework for "setting" by affecting the subcultural discourse around gender and sexual practice which can be found in the amphetamine world.

Methods and material

The article builds on a large-scale qualitative study of sexuality, intimate relationships and drug use in the context of the exit process from drug abuse³. Through strategic selection regarding gender, age and main drug of choice, we seek to gain a nuanced picture of the relationship between drug use and sexual practices. As previous research in this area is limited, our study has an explorative starting point. The study is retrospective, which allows for a comparison of sexual activity during and after the time of drug abuse.

The 35 interviewees comprise a heterogeneous group in terms of both drug abuse history and life circumstances in general. The average age is 39.5 years for men and 37 years for women. What they have in common is a history of drug abuse: they have

all had a daily or almost daily illegal drug habit for at least a year. The time of abuse ranged from three to 37 years. The majority (15 men and eight women) had abused drugs for more than 10 years. The distance to previous drug use ranged from 1.5 to 10 years. Of the informants, 19 (11 men and eight women) had used amphetamine as the primary substance, while 13 (five men and eight women) had primarily opted for heroin, and three men had primarily used other drugs (GHB, cocaine)⁴. This article focuses on the respondents' experiences with amphetamine. All of the 19 men had some such experience. Of the 16 women, all had used amphetamine, but in one case only on one occasion. Those who had primarily used heroin had used amphetamine before switching to heroin or in the context of sexual activity while abusing heroin.

With one exception, the informants had sought treatment in order to stop their drug abuse. This included both substitution treatment for opiate abuse and various forms of psychosocial treatment, with 12-step programmes being the most common. Several of the informants are or had been active within the NA/AA.

The interviewees had varying social situations. Half the informants (10 men and eight women) were working or attending school. Six men (but no women) were early retirees. The remaining informants were, at the time of the interviews, unemployed or on sick leave. Of these, some had received some sort of vocational intervention. At the time of the interviews, 19 of the informants (10 men and nine women) were living in a steady relationship. All the informants identified themselves as heterosexual, although some had also had experiences with same-sex sex.

The interviews were conducted by the authors in two Swedish cities. The interviewees were partly recruited through the so-called snowball method, which entails one person providing contact to another, and partly through clinics and social service agencies who serve persons recovering from drug abuse. Each interview lasted from one to three hours, and written informed consent was gained. With each interview, we took care to inform the participants about the purpose of the study, the voluntary nature of participation and the right to confidentiality. The interviews were recorded with the permission of the participants and were then transcribed verbatim. The quotes included in the text have been somewhat edited; names and other biographical data have been altered, and some linguistic editing was done in order to increase readability and to secure anonymity. The interviews were unstructured but had an interview guide as a checklist. The aim has been to capture the interviewees' own constructions of meaning – how they describe their love relationships and sexual practices and what connections they make to the use of drugs.

The work of analysis was ongoing throughout the whole research process and was based on the interplay of the study's guiding theoretical perspective and on the emerging categorisation of the material.

In a practical sense, the analysis has taken place through the researchers' first carefully going through the transcripts in order to gain a full picture of the material. A compressed synopsis was constructed for each participant, with key words, key quotes, tentative ideas and more spontaneous reflections also being noted and dis-

cussed. The material was then analysed, both interview by interview and thematically, where gender, substance and sexual activity before, during and after leaving drug abuse formed crucial principles for structuring the material.

The patterns that gradually emerged in the various parts of the material were then, in the form of a cohesive analytical text, juxtaposed with other parts and with the material as a whole. Finally, we used the interview transcripts to control that the analysis adhered to the view that emerged in individual interviews, and when needed we corrected the presentation. Our underlying ambition has been to identify patterns and common features while simultaneously giving room to multiple meanings and complexity. The interview quotes used for the article were selected by virtue of their representing a typical or otherwise illuminating response.

For the purposes of this article, the informants' condensed tales of amphetamine use and sexual behaviour have been the focus of analysis, which resulted in six overarching themes:

1. Amphetamine's reputation as a sex drug
2. Amphetamine, self-esteem and self-control
3. Sexual practices in the amphetamine world
4. Amphetamine as enabler
5. Amphetamine, masturbation and pornography
6. Getting "stuck" on activities other than sex

Results

Amphetamine's reputation as a sex drug

The material clearly points to the strong

connection perceived in the amphetamine world between intoxication and sex. "If you have a hit then you're gonna get horny", declares Signe, 54. Georg, 55, who like Signe had primarily been using amphetamine for many years, makes the same assessment:

You have a shot and then there'll be sex. Fuck shot, we call it. There's something in the amphetamine that makes you horny.

Georg uses the expression "fuck shot", common in the amphetamine world, to describe an amphetamine injection taken in the context of intercourse. The expression can be seen as a symbol for the intimate connection between amphetamine and sex, and points to how rituals around drug use are given an erotic charge (Skårner & Svensson, 2012). Through contact with experienced amphetamine users, people bring to life the sexual script that is associated with amphetamine, and the script is acted out in their organised perspective (Shibutani, 1955). This takes place in an active process in which the reputation of amphetamine as a sex drug is reinforced by personal experiences, but these are mediated by outside influences.

Both men and women thus assert that amphetamine has a powerfully stimulating effect on sexual desire, and that the very context of drug use opens up to sexual contact. Before we continue to explore more closely the sexual practices in the amphetamine world, let us stop and examine what norms and expectations are attached to the conditions of men and women in these worlds. Sven, 52, is a veteran in the amphetamine environment, which

he has followed for nearly forty years. He notes the patriarchal structure of this environment:

Well, we do come from the land of fast decisions, where there's a lot of 'poof, poof, poof'. Come from a, what do you call it, really male-dominated and very testosterone-rich society, I mean the sub-culture. Where you have to be a man's man. And where you talk sex, how many you've fucked is a measure of how manly you are.

In the amphetamine world, as in society in general, the sexually adventurous man is held in high esteem. As the quote from Sven shows, success in the erotic arena is also a way for men to position themselves in relation to other men and to construct clear masculinity (Giddens, 1992; Connell, 1995). Women, on the other hand, are expected to show restraint, and risk a bad reputation if their sexual desire is on par with that of men (Graham, Sanders, Milhausen, & McBride, 2004; Janssen, McBride, Yarber, Hill, & Butler, 2008; Skeggs, 1997). When women do use amphetamine, new conditions appear in the sexual game between the sexes.

Of course it's easier if you meet a girl who's also doing it. Then you think, like, that she's just as horny. Then it's easier to get her into bed, I think. (Albin, 21)

For Albin, it is an advantage to meet a woman who also does amphetamine, because she too will be sexually excited by the drug and thus more interested in sex. The connection is reinforced by the sex-

ual scripts endorsed by the amphetamine world. But, even in the amphetamine environment, views flourish of women who have sex in ways that are seen as less than respectable (Svensson, 2007). These are women who seek out men who have access to amphetamine and have "a big bag".

There are a lot of – speed whores. Chicks that put out for a shot. All you gotta do is wave the bag around, and they're, like, 'yeah, yeah, come on'. It's tragic, but that's how it is. You knew, 'yeah, her there', as soon as you shot up they knew what was up. Unfortunately, that's reality, and I didn't like exploiting it, but you do anyway... (Fabian, 52)

Even among our women participants, there were those who used the expression "speed whore", but no one described having exchanged sex for drugs in any kind of direct transaction. We have not found support for such exchange typical in any other Swedish research, either. It appears that the expression is primarily a moralistic construction on women who are sexually active in ways that subverts the expected gender hierarchy (cf. also Sterk, Elifson, & German, 2000).

An underlying thought in the reasoning around "speed whores" is that male dominance is upheld and strengthened, for men are in control of the procurement of drugs (cf. Svensson, 2007). Even the testimonies of the women bear witness to the prevailing gender hierarchy in the amphetamine world: weak, unambitious and "unmanly" men without drive are held in low regard.

Some of the men I've been with have been almost submissive. I was the one who made all the money. I lose respect for men like that. (Ulla, 40)

The amphetamine culture is characterised by a sense of business, which contributes to forming the relationships that develop within this world (cf. Fromm, 1977). The excerpt from Eva's (56) tale is a clear example of the prevailing power relationships in the amphetamine world, where a woman is expected to submit to the man in order to be provided for and perhaps also protected from other men.

He did have a good stash, and plenty of money. So, more or less, I seduced him. He abused me physically, was really creepy. But then I sort of made a deal with the devil, let it be what it is, at least he had speed and money. I guess I convinced myself that I was in love with him, too, and I pretty much succeeded at that. He said, 'It's good for me, because you never say no to sex'. And I was always up for it; it was always more or less good, mostly less, towards the end.

The dominant impression is that the interaction between men and women remains conventional, even in the amphetamine world. But just as in society in general, there are examples of women who challenge and overstep the boundaries of how women are expected to behave (cf. Taylor, 1996; Skårner, 2001; Measham, 2002). Carola, 35, is an example of a woman who has "done the same thing as a lot of the guys."

They've come and gone. Lots of men, for sure, have come to us... just as us girls seek out guys who have drugs. Then those men have come to us because we have drugs and we have money. I always saw myself as a sort of tomboy, doing the same thing as a lot of the guys.

Even in her narrative, drug use goes hand in hand with sexual activity, but in her story there is nothing of the subservient position that permeates the quotes in Eva's interview.

Amphetamine, self-esteem and self-control
Throughout, interviewees relate how amphetamine – at least initially, before the negative social and health consequences appear – enhances self-esteem. This is both about an immediate feeling of pleasure – a rush – and about a feeling of well-being that lasts for hours. Tony, 48, describes his first encounter with amphetamine:

They talk about Paradise, but this was instant paradise. The rush I got, it was...how can I best describe it? I just entered a world, a feeling, that I never thought was possible.

Amphetamine also alters the conditions for sexual activity by loosening inhibitions. Tony relates how his relationship to his girlfriend was altered:

The difference, when we were doing amphetamine, it was like night and day for both of us. It was all gone, the insecurity, shame. POOF, all that was gone and then we were like... totally fucking out of our senses.

Ingrid, 40, captures both the elevated sense of self and the dissolution of inhibitions, even though the physical sensation is sometimes lacking:

The mental part was totally focused on that. That is, there is this frantic 'more and more, a little bit more', even though the physical part wasn't always along for the ride. I felt less inhibited. I believe that it's really connected to your sense of self, and that the drug has the effect that...you probably are, in reality... but you have this sense that you're not as awkward. You can get this weird idea that maybe you have, like, lost fifteen pounds since yesterday...

The amphetamine high brings mood elevation, making it easier to connect with others. Sexual feelings that often accompany the experience can find an outlet in sexual encounters if others are available. Schematically, this course of action can be described in a figure:

Amphetamine use – altered self-perception – sexual arousal – readiness for sex – access to partner within amphetamine environment – sexual activity

This figure illustrates what the interpersonal script can look like in the sub-culture that the amphetamine environment entails (Månsson, 2012, p. 35).

With an enhanced sense of self, one dares to indulge more sexually and give free reign to “forbidden” feelings. Carola, 35, with many years' experience in the amphetamine environment, compares

how she positions herself to sex with and without amphetamine.

If you're not high, then maybe you're really boring. But when you're high, then you'll do anything, and have no shame or inhibitions. Usually, I'm kind of shy, boring, kind of. But then the guys weren't high either. Then it's, like, missionary position, and it's over pretty quick. But if you have drugs in you, then you can go for hours, and you're trying anything, any position, and, blow jobs, and whatever, that normally you wouldn't really be into. You're willing to take the initiative, and that's not something I normally do.

Like Carola, other women describe how during an amphetamine high they ventured into indulging and embracing sexual desire to a greater extent than when not under the influence of drugs (Lorvick et al., 2012). For some of the men, the identity-masking effect of the high means that they dared try same-sex sex, which was otherwise a taboo for them. One example is Hans, 26, who says that he had “never owned up to having sex with guys”, but who broadened his horizons when under the influence of amphetamine.

I guess that's where the drugs come in, that they open up new possibilities like that. At first it was just a thing, and then it was, like, you get high and do that. And then it felt OK, because you're so fucked up that you, like, don't know what you're doing. So I guess the drugs became kind of like a cover.

Across the board, then, amphetamine use is seen as in various ways facilitating sexual encounters. Through the enabling attitude to sexual experimentation that our informants ascribe to the amphetamine environment, there also arises a potential to expand the sexual action repertoire and to challenge and transgress conventional sexual scripts. The high itself can also, as is clear from the narrative of Hans, be used as an “excuse” for sexual acts that lie outside of what he considers socially acceptable.

Sexual practices in the amphetamine world

We have seen how the amphetamine high is seen as stimulating sexual desire and pleasure and loosening inhibitions, and how the amphetamine environment offers opportunities to marginalise one’s usual norms or to entirely abandon them. What is it then, in a concrete sense, that distinguishes sexual practices in the amphetamine world as it emerges in our material? One picture that coincides with previous descriptions of promiscuity in an amphetamine environment (Kalderstam, 1979) becomes visible in, for example, the story of Tanja, 31:

With amphetamine, in particular, it’s like it doesn’t matter all that much who it is either. Or, I’m not like that, but I know that a lot of people I hung out with, they switched partners right and left. My boyfriend wasn’t like that either. He was never with anyone except me. But people around us, they fucked like rabbits all over the place. I couldn’t quite understand that, but it has to be some sort of defect of the amphetamine, that other feelings have been switched off, so that it doesn’t matter.

When Tanja relates her own behavioural patterns, the stereotypes become more nuanced. It is others who are out of control. A similar picture emerges in other interviews, too. Taken together, our interviews contain a rich sample of varying ways to cope with singlehood and partnership in the world of amphetamine. There are those who have had many casual sexual encounters, sometimes parallel with a steady relationship. Others, such as Tanja, talk about long-term monogamous love relationships, in which drug use is a mutual project. Then there are others who are not very sexually active. Even the sexual action repertoire that informants associate with amphetamine use varies with different individuals, relationships and situations. A general theme in our material is, however, that sexual practice is described in terms of lack of, or transgression of, boundaries, both in terms of time, space and action, regardless of whether it takes place in the context of an established relationship or with a temporary partner. The material reveals that there are primarily two themes that stand out and reappear in many different versions:

1) Extremely long-lasting intercourse

Yeah, whether it’s a sex drug or something made up, that’s the question. But there is pleasure. It’s wonderful. It is a sex drug in the sense that you get aroused, you get excited, you get sensitive. Then you become totally manic in your behaviour. Just like with everything else you do on amphetamine. Whether you tinker with a radio or a chick, you’re manic. You just keep doing it, for hours, for days. (Sven, 52)

The amphetamine does magnify the sex. It's so 'Oh, wow!' You shoot up and there you are, lying up there for days. (Signe, 54)

Both men and women in our study describe very long intercourse. This is a defining characteristic of the amphetamine environment. When data are combined from both the quantitative and qualitative portions of the previously cited study by Lorvik et al. (2012), we find that 53% of the 322 women had experienced "marathon sex", defined as "prolonged sexual activity for several hours"⁵.

2) A sexual repertoire which is experienced by the interviewees themselves as outside the frames of "normality"

You get kinda perverted... well, not perverted, but you like it a little rougher. Not an abomination, but...yeah, a bit rougher sex. Exciting to have sex everywhere, basically. You get so adventurous on amphetamine.... (Tommy, 29)

When you take amphetamine and it works like it's supposed to, your desire is insatiable and then adultery comes into it, somehow, wanting others. The sexual fantasies get going and you want threesomes and stuff. (Tony, 48)

Like, there'd be a porn movie on TV, when people are sitting there drinking coffee. No one reacted – luckily, I guess. Then they'd go to the bathroom and take forever, and it's like 'yup, that's obvious what they are doing, or just him or her, in the worst-case scenario'. So, it gets really twisted. Luckily I've

never gone that far, but some people I hung out with were doing totally sick shit and when high they thought it was completely normal. (Ulla, 40)

The boundary transgressions included having "rough sex", "sex in adventurous places", "threesomes", or to play with adultery⁶. Even if, for example, bondage, anal sex, threesomes and other sexuals acts often mentioned in the interviews are also practised outside amphetamine environments, our informants do attribute them to the sexual scripts in this environment. From Tony's story we gather yet another example of a boundary-transgressing sexual activity, but one that must be seen as unique to the amphetamine world, just as the "fuck shot" is evidence of a melting together of amphetamine use and sex.

I've put amphetamine on the chick's clitoris. It's been something stimulating that she thought was awesome, sick stuff like that. It's really pushing it....

Although amphetamine is described as an *aphrodisiac*, it is nonetheless common for informants to bring up what is lacking in the overall emotional experience. Something is stripped away when the effects of amphetamine – pharmacological or ascribed – affect the sexual experience. The contrast is clear when you compare this with drug-free sex. Tanja relates how it is not just inhibitions that are disconnected during amphetamine-affected intercourse, but also emotion. Olof, 63, talks about "closeness" being greater during drug-free intercourse. Sven paints a similar picture:

Without amphetamine there are emotions involved and for me there is a lot of other stuff that is required when you have sex without amphetamine. So, amphetamine makes it sweaty, nasty, and disgusting, but without amphetamine it is nice.

This ambivalence towards amphetamine also emerges in Kerstin Käll's interview study (Käll, 1975). Despite the increase in sexual arousal from amphetamine and orgasms described as more intense, a majority of both men and women think that emotional expression is better during drug-free sex.

Interviewees carry a view of what is a "normal" sexual activity repertoire, even within the amphetamine world. Their descriptions may have looked different had we instead interviewed persons actively using. As it is, the interviewed have left drug abuse behind and have adjusted (or are in the process of adjusting) to the various organising perspectives of being drug-free.

Amphetamine as enabler

The study participants describe how amphetamine use in various ways can fill a function, together with a partner, of negotiating a somewhat functional agreed-upon script for sex, even in situations marked by sexual challenges. A case in point of amphetamine acting as an "enabler" for making one's sex-life work are the heroin addicts who use amphetamine exclusively in order to be able to have sex with their amphetamine-using partner (cf. Käll, 1995), or to quote Marit, 42: *Heroin was my thing, but the amphetamine was for his sake*. Berit, 26, has a similar story of her-

self and her partner, both otherwise using heroin⁷.

We took amphetamine together because... he wanted to get me going. He simply had a stronger sex drive than I did. And it can really increase your sex drive in the moment, right when you're high on amphetamine.

Tanja paints a remarkably ambivalent picture of her sexual life with Mike, who was her partner during many years of drug abuse. Sexual difficulties, which she ascribes to the sexual assaults she repeatedly fell victim to while growing up, are interwoven with their amphetamine use together. Amphetamine did ease their sex life, while at the same time she experienced that Mike's sexual demands were triggered in a way that felt uncomfortable for her.

I was a lot less inhibited when I was high on amphetamine. Very uninhibited. But I'd feel a bit disgusted because he became so, like, pornography-damaged. And then I'd feel, that this isn't fun. You can make love or you can fuck. And that's totally OK, sometimes you want one and sometimes the other. But he usually just wanted to fuck, and then I'd feel a bit exploited. He was never violent and always very careful. But still, it was that feeling.

Overall, it is a composite picture that emerges, especially in the narratives of the women, in which the function of amphetamine as regulator of both sexual lust and discomfort take on a prominent role. Another example is Sara, 27, who relates

that she has always had a hard time enjoying sex:

I feel that I probably don't have any sexuality. That is, I have always looked for confirmation from men and that somehow has been through sex. I guess the drugs have made it so that I dared, at the same time that they caused me to be subjected to things I wouldn't have been subjected to had I been sober.

One pattern is how biographical baggage from sexual assault, eating disorders and other self-harming behaviours have blocked the connection to one's own sexual desire (Lorvick et al., 2012). Amphetamine is used to handle feelings of discomfort and invasive memories that are activated in close sexual relations. *I think it feels a little dirty, somehow... like, being horny, want to want for yourself*, Sara continues. She describes, in the context of her struggles with eating disorders, how she does not want to be seen naked and how she wants sex to be over with quickly and without personal entanglements.

And I don't want him to look at me either. And I don't want any of that 'now I'm gonna look at you and touch you'. Then it's just 'can't you just, like, fuck me from behind and just come or something'.

Amphetamine put new life into her sexual desire:

You do get horny from speed, in a way. Or at least I do. Then I could go home and have sex with my boyfriend and do all sorts of stuff, like.... He loved

it when I was high because I'd be so... we had sex in a way that I didn't really want to have sex. Like, I don't like anal sex, but when I'm high I can do it.

An ongoing theme in our material is that men dominate in formulating the rules of the sexual game. Amphetamine use seems to be able to constitute one link in a submissive strategy of adaptation, wherein the women aim to live up to what they perceive as the men's sexual preferences. You have to act "really sexy", Sara argues. Then the men are satisfied, which causes her self-esteem to increase as she is validated as a "real woman".

Amphetamine, pornography and masturbation

In the last two decades, pornography has gone from being something shameful to becoming part of mainstream culture (McNair, 2002; Löfgren-Mårtensson & Månsson, 2010). Several of the interviewees, both men and women, bring up that the increasing use of pornography in the amphetamine worlds lends inspiration to greater sexual experimentation (see also Weinberg, Williams, Kleiner, & Irizarry, 2010). Another recurring pattern, represented by the men in our material, is that the amphetamine-related sexual interest is channelled into intensive masturbation, where the real-life sexual partner is replaced by fantasy figures from the world of pornography. Even if consumption of pornography combined with masturbation is probably common in Swedish society, there are likely differences in relation to the amphetamine environment. What distinguishes our informants is that during an amphetamine high they "get stuck" on

watching pornography and masturbating, in the same way that happens with other activities when high (see next section). The narratives reveal that masturbating while high and using pornography as stimulation fills two main functions:

1) As a substitute for a sexual partner

Amphetamine makes you horny. It made me horny too, but I solved my problem with pornographic films. In the end, what pornography did to me was scaring me off from connecting with regular people. Regular people of the opposite sex. It was the drug use and the pornography that were my lover. All these years, I've had sex maybe twenty times, the rest I filled with jerking off, basically, those needs. (Samuel, 29)

The exclusion of a partner can be a conscious choice (as in Samuel's case) or a result of difficulties in finding a partner. Just like men in regular society, the interviewed men in the amphetamine environment have varying success when it comes to connections with women. Some of the men explain that their lack of real sexual partners has to do with their minimal sex drive or that the masturbation during a high satisfactorily channels their sexual needs. No such pattern was found in the narratives of the women. Either they have had an active sex life with a partner or they have not been particularly interested in sex at all, which could explain why amphetamine-related masturbation as a substitute does not come up in their interviews.

2) In order not to disturb the amphetamine experience by involving a live partner

You get off on fantasising and, you know, carrying on... It takes up all your mental energy and you can't break free from it. To have sex with a person used to be your desire in your thoughts, but then I think that had it become reality, and it did now and then, then that was connected with other demands.. You know, winning someone and showing interest...get some...get it up.... After all, it is a person, and that's a distraction in this total focusing and the world of your own thoughts. (Per, 39)

A few men described how they more or less became addicted to masturbation with pornography and how they would avoid a real partner in order to be left alone to masturbate. As is clear from the quote above, this is the point of masturbation, that it takes place in a fantasy world, where you control the interaction yourself. The narratives suggest, however, an escalation, an ever more frantic pursuit of release in which one dimension is mastery over failing potency, which is also attributed to amphetamine use. Per again:

I mean, amphetamine makes it not work, it doesn't matter how much stimulation... for a day or two... so that's a problem. But as far as sex turning out so... that it became so big and so forbidden, so that regular intercourse didn't seem that interesting. It was hard to get turned on. I couldn't get it up.

There is no equivalence among the women in this pattern, either. Jenny, 29, was living

with a man when eventually their sex life with one another collapsed. According to Jenny, this was because every time they took amphetamine together it ended with the man seeking refuge with his pornographic films. When they did try to have sex, it did not work, because he was impotent.

When we did drugs together he got stuck in front of his films and played with himself. For days, I mean. And I'd say 'can't we do something?' And he'd be like, 'sure'... but it just never ended [laughter]. He just kept going and nothing happened. Or we'd try to have sex, but it didn't work. He couldn't, like, get it up.

Getting "stuck" on activities other than sex

While the interviewees described how amphetamine gave rise to a very active sexuality, there were also exceptions. It appears fully possible for both men and women to seek their own path when it comes to utilising the amphetamine high. Several describe a similar division of amphetamine activities as does Charles, 47:

They say that you can divide speed freaks into three different categories: those who break, those who tinker with everything, and those who are obsessed with sex. I am probably among those who are mostly out stealing. That was sort of my little thing. A crowbar in the back pocket and then go out looking for mischief. But all of these, I have also sat and fiddled with stuff during entire nights and I have also fucked on speed. All this stuff was part of it, of course, but the main thing was crime.

Also Lisa, 32, prefers other activities than sex when she's high, but she does start by confirming the label of amphetamine as a sex drug.

When I started I was told that with amphetamine, it's supposed to make you have sex and you're supposed to fuck and all that stuff about 'fuck shots' and so on. But I didn't feel like that, because I had had this sense that the guys look down on you afterwards, they're just like 'hmm, you gotta go now'. So I got to be more, like, 'no, I don't feel like it'. And I had the feeling that that way I got more respect from the guys and they stayed because I didn't have sex with them. They'd come to my place to hang out. We got high, we sat around working on stuff, did housecleaning and decorating and projects and stuff.

What do these activities have in common?

Some can get going on housecleaning and keep doing it for a day and a night, that's what is special about amphetamine – that you get stuck, says Marit, 42. Per, 39, describes similar experiences of being "conditioned" to a particular behaviour when you are exposed to the drug.

The first shot you take, that's what's gonna determine what you get stuck on. Some get stuck on fixing their car stereo or screwing with screwdrivers and others get totally obsessed with pornography and I am, well, one of the latter.

To "get stuck" involves concentrating your interest on one activity at a time: to have sex (fuck), clean the house, try to repair

something or build something (tinker), to burgle or commit other crimes (break). Getting stuck is in and of itself a form of lack of boundaries as the activity goes on much longer than normal⁸. The sense of time seems to have dissolved. An activity that is perceived as having gone on for an hour has in fact continued for five hours (cf. Kalderstam, 1979). Another dimension expressed in the narratives is a sense of almost compulsive obsession that lies beyond personal volition.

Discussion and conclusions

There emerges in the interviewees' narratives a nuanced picture of how sexual practice takes shape under the influence of amphetamine. These experiences look different from individual to individual, even though there are clearly common patterns. They vary over time and as drug use changes. They also differ between men and women. They are connected to sexual partners. Even as you manipulate sexual activity with amphetamine, what remains is the pronounced individuality that marks human sexual experience in general (Graham et al., 2004; Meston & Buss, 2007; Janssen et al., 2008).

Zinberg's model of drug, set and setting is useful for elucidating intoxication in general. "Drug", in this case amphetamine, is a stimulant that works on the central nervous system and magnifies all sensations, including those of sexual arousal. But within the total experience of an individual's sexual activity, other feelings emerge as well that are not directly related to the desire itself. If we apply Zinberg's model in such a way that "desire" is represented by "drug" in the model, the complete emotional experience also depends

on "set" and "setting", and not insignificantly on the regulations and expectations of the environment in the form of (sub)cultural sexual scripts. Our study confirms the clear association found between drug use and sex in the amphetamine environment. It is worth noting, however, that the sub-cultural scripts also leave room for toning sex down; for example, it is totally legitimate to "get stuck" on some other activity.

In our interviews the individual factor "set" emerges as particularly meaningful if problems had been carried over from the past: eating disorders, history of sexual assault, upbringing in environments of drug abuse, early introduction to drug use, etc. These experiences influence both sexual desire and pleasure⁹. In this context, amphetamine intoxication fills an important role in coping with such feelings in sexual contexts. The material also shows interesting gender differences in that women adapt to men's sexual expectations, while the men choose as an alternative to accommodating a partner to engage in masturbation instead.

Setting, as well, influences how sex on amphetamine is perceived. For Zinberg, the emphasis is on the physical environment in which the drug use takes place, including who else is present. In our material it is rather the patterns of thought, the sexual scripts which have influenced the individuals that are the most important. This is not captured in Zinberg's model. Individuals are, however, torn between the norms of society in general (which many still drift in and out of) and the norms characterising the amphetamine world (cf. Shibutani, 1955). In other words, they find themselves in the crossfire between opposing cultural scripts, which can give rise to

cognitive dissonance (Festinger, Riechen, & Schnachter, 1956). The more established you are in the amphetamine world, the smaller the dissonance, as the previous script fades. But this dissonance reappears in recovery. It feeds on the conflict between the old amphetamine-affected script and the new one which is gathered from both society in general and the trains of thought one has picked up in treatment and ongoing recovery support.

The field of tension between the light and dark sides of drug use is reflected in the stories of expression and content of sexuality. On the positive side, there is increased self-esteem, a loosening of inhibitions and willingness to experiment in order to enhance sexual desire. In a negative sense, both men and women describe a process in which the use of amphetamine had caused them to be drawn into a hectic and increasingly stressful existence, with sometimes extreme loss of weight and feelings of exhaustion. It had led to an almost mechanical sexuality, where sex is routine and lacking any significant emotional connection between the participants. In such a situation, masturbation is a very reasonable option. Why waste time on seeking a partner when that partner will be completely expendable anyway?

Having long intercourse is done for the sake of increasing pleasure, because of an inability to climax or in order to live up to a norm of masculinity (“giving women what they want”), or because you are simply “stuck” in that particular behaviour. For women, the exchange in sexual relations seems to be more about being validated by pleasing the man than to embrace one’s own desire. What the narratives of both men and women have in common is

a strong focus on performance, which is perhaps a consequence of and/or adaptation to the “pornographic scripts” that so influence the sexual perceptions dominating the amphetamine culture.

Several interviewees describe that they gradually increased their level of sexual experimentation as the drug abuse progressed. In some cases this seems to be connected to difficulties maintaining sexual desire, which is likely to provide a basis for experimentation also in the general population (cf. Janssen et al., 2008).

Sexuality under the influence of amphetamine is in our informants’ narratives contrasted with their ideas about “normal” sexuality. Although postmodern society is marked by parallel and contradictory norms and patterns of action where more conventional representations of relationships and faithfulness are mixed with ideas about a free and boundary-transgressing sexuality (Giddens, 1992; Månsson, 2012), our interviewees give the impression of having a perspective that can be characterised as rather old-fashioned. The fact that drug use in our society is strongly associated with stigma probably contributes to the formation of the meaning that our informants retrospectively attribute to sexuality in different social worlds. A common theme is to separate sexual acts under the influence, which in retrospect seem “fake” or more or less dirty, from drug-free sexuality, which is more “nice”.

In some interviews at least, we see perhaps an *adjusted narrative* rather than a *subversive* one (Svensson, 2008): the interviewees deliver a message that is seen as socially acceptable, which of course entails that sex on amphetamine is unequivocally something negative. But we

also see a pendulum between positive and negative descriptions of experiences around sex and amphetamine, which expresses these individuals' ambivalence. This fits into the model in which the subversive and the adaptive narratives are not respectively more or less true, but are instead based on the individual's emphasising different sides of a phenomenon that is essentially marked by ambivalent feelings.

One of the contributions that for several of the men has "tainted" the amphetamine-influenced sexual practice is the extent of using pornography in the context of extended sessions of masturbation. Looking back, the men describe such masturbation as shameful and abnormal. There are also men for whom the connection between amphetamine and sex has been predominantly positive; but as the abuse overall has taken its toll, they have nonetheless chosen to be drug-free. These men describe sex as working less well than when they were using.

For the women the picture is somewhat different. For some, sex on amphetamine is primarily positive, even though they now see the amphetamine environment in a negative light. Others describe a fake, "ugly" sexuality connected to the amphetamine, but their view of positive, drug-free sexuality is lacking, both before and after the drug abuse. Either sexuality was problematic even before they started on amphetamine, or their sexual debut nearly coincided with that of amphetamine use. None of the women describes a similar obsession with pornography accompanied by masturbation that is described by several of the men.

The material also indicates a shift over time. What was initially regarded as a pos-

itive and adventurous experimentation in order to broaden one's sexual action repertoire seems to have passed into something compulsive, diminishing and mechanical. The chase for new kicks and boundary transgressions becomes a repetitive pattern that causes even boundary transgressions to appear habitual and routine. For some, this brings a lack of interest in sex and for some of the men, impotence.

Many of the sexual problems that occur or are uncovered during amphetamine abuse remain after individuals leave abuse behind and start recovery. We will revisit this in future articles.

Limitations

The interviewees, who identify themselves as heterosexual, have had a problematic relationship to drug use. Their descriptions cannot be generalised to persons with another sexual orientation or with low-frequency amphetamine use. In the interviews, all the participants look back on a time they have left behind. They have made a conscious choice to leave the drug environment. Many have been helped by treatment, sometimes followed by participation in self-help groups. One important part of adjusting to a drug-free life seems to be to emphasise negative aspects of the old life, which may have influenced the narratives.

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NOTES

- 1 The damage from amphetamine is primarily extreme weight loss; dental problems; risk of psychological complications, such as paranoia and psychotic breaks; and neurological damage. The dependency that develops is primarily psychological, as opposed to heroin which is also physically addictive (Pates & Riley, 2010).
- 2 The article makes no distinction between metamphetamine and other types of amphetamine. While metamphetamine has been on the market in Sweden on and off for the last 30 years, it has been mixed with regular amphetamine and has not been promoted as a new and more potent stimulant (Svensson, 2009).
- 3 The study has been approved by the Regional Ethical Review Board in Lund (case number 2010/93).
- 4 In general, respondents used more than one substance, either concurrently or during different phases. The primary substance was the one deemed as such by the interviewee.
- 5 In Käll's study, 82% of men and 75% of women indicated that they had longer intercourse while high on amphetamine than when sober. The median length of the longest intercourse under the influence of amphetamine was seven hours (for men) and two hours (for women), as compared to two hours (men) and one hour (women) when sober (Käll, 1995).
- 6 In Lorvick's study, "voyeurism, masturbation, multiple partners and sexual liaisons with women" are listed as unconventional and "freaky" sexual practices that are associated with metamphetamine by the women interviewed (Lorvick et al., 2012).
- 7 In contrast to amphetamine, heroin has a dampening effect on the central nervous system and thereby on sexual desire and, at least with prolonged use, on performance (Homes, 1999). Empirical studies show that men and women who use opiates also do not associate its use with sex (Rawson et al., 2002).
- 8 In the Swedish amphetamine environment there is an expression "to *punda*" to signify that you are stuck in an activity (Kalderstam, 1979; Svensson, 2008). That amphetamine users call themselves "pundare" shows how typical this behaviour is seen in this environment.
- 9 Low self-esteem and a negative body image are factors that typically affect sexual desire in a negative way (Graham et al., 2004; Janssen et al., 2008).

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